RECEIVED-DNR

Return completed forms to:

State of Wisconsin, Department of Natural Resources Bureau of Drinking Water & Groundwater - DG/5 PO Box 7921, Madison, WI 53707-7921

Non-Potable High Capacity Well Application Form. Aerial or Plat Map with property boundaries outlined.

Variance Request, if needed (Form 3300-210)

JUN 3 0 2014

Non-Potable High Capacity Wel Approval Request

Form 3300-295 (R 5/14)

\$500 application fee (See s. 281.34 (2), Wis. Stats.)

Well Construction Reports (if available) for existing wells.

dnr.wi.gov

dnr.wi.gov

Notice: Prior department approval is required for the construction, reconstruction or operation of a non-potable high capacity well or system of non-potable high capacity wells in accordance with Section NR 812.09(4)(a), Wis. Adm. Code. Use this form to request an approval for installation of a well or wells on a high capacity property or to modify a well on a high capacity property. Personally identifiable information

Applicant Information Company HAUPT WELL DRILLING INC.	collected will be used for administrative purposes and may be provided (s.19.31-19.39, Wis. Stats.).	to requesters to the extent required by Wisconsin's Open Records law
Owner (Name of Person and Title) The FF HAUPT Street Address P. O. BOX 36 Phone Number (Include area code) Fax Number T15 - 652 - 2014 2. Owner Information (If different than applicant) Owner (Name of Person and Title) NATIONAL HOLDINGS LLC Street Address Phone Number (include area code) Fax Number T15 - 573 - 6055 Street Address Phone Number (include area code) Fax Number T15 - 573 - 6055 Operator Information Operator Information	1. Applicant Information	
Street Address TIP Code		Company
Phone Number (include area code) Fax Number 715-657-2236 715-657-8014 2. Owner Information (if different than applicant) Owner (Name of Person and Title) VATIONAL HOLDINGS LLC City CONTACT * DONALD MULLINS Street Address 1786 DAISY LANE Thone Number (include area code) Fax Number 715-573-6055 3. Operator Information Operator, if different than owner (Name of Person and Title) Operator, if different than owner (Name of Person and Title) Operator, if different than owner (Name of Person and Title) Operator, if different than owner (Name of Person and Title) Street Address T36 DAISY LANE Phone Number (include area code) Fax Number T15-573-6055 City MOSINEE VIT State VIT ZIP Code 574455 Finall Address City MOSINEE VIT ZIP Code 574455 Finall Address T15-573-6055 A Submittal Purpose Check all that apply Install one or more new wells with a capacity greater than 70 gallons per minute. Install one or more new wells with a capacity less than 70 gallons per minute on a high capacity property. Replace one or more wells with a capacity less than 70 gallons per minute. Reconstruct one or more wells with a capacity less than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells with a capacity greater than 70 gallons per minute. Reconstruct one or more wells wi		HAUPT WELL DRILLING INC.
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6. Required Enclosures	Provide a brief description of the proposed project. Include number CURRENTLY APPROX 100 ACRES ACRES FOR A TOTAL OF APP USED TO WATER PRIMARILY CO	ROX 135 ACRES, WELL WILL BE

Form 3300-295 (R 5/14)

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Non-Potable High Capacity Well Approval Request

Form 3300-295 (R 5/14)

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Applicant Information						AUTORIO STATE
Application Prepared By (Name and 7	Γitle)			Company	1	^ `_
JEFF HAUPT				Hau	APT WELL	DRILLINGIA
Property Information					Element Company	A recommendation
Property owner, if different than applied	cant (Nam	e of Person a	ind Title)	Company	٠,٨	
NATIONAL HOL	DING.	S LLC		CONT	act : Dona	MULLINS No. (if applicable)
County	Town		East		h Capacity Well File	No. (if applicable)
County	26	N 9	OWest	3	NONE	
Yes No						
Is a proposed well within 1,200	feet of a lar	ndfill? Landfill l	location: (Towns	hip/Range/Section	n): T R	S
Are you aware of any existin Wisconsin Administrative Co						with Chapter NR 812,
Existing Well Information	i de la companya del companya de la companya del companya de la co					
Enter the following information for all existing wells on the property and any contiguous property owned by the applicant. Note: Applications are not complete unless they specify water use, pump capacities and GPS locations of existing wells.						
				Existing W	/ell Coordinates egrees Preferred	
Well Name and/or	Water Use	High Capacity	Pump Capacity	1 15 4	234, -89.1234)	WUWN or WCR
Number assigned by Owner	Code(s)	Well Number	(gpm)	Latitude	Longitude	Image File # (if known)
	IR10			42 48.548	48 586.	
NONE						
Additional Project Information		FIGURE AND MARKET				

Please include any additional relevant information regarding this project such as existing wells to be abandoned, proposed non-standard construction methods or pending ownership changes



Non-Potable High Capacity Well Approval Request Form 3300-295 (R 5/14) Page 4 of 5

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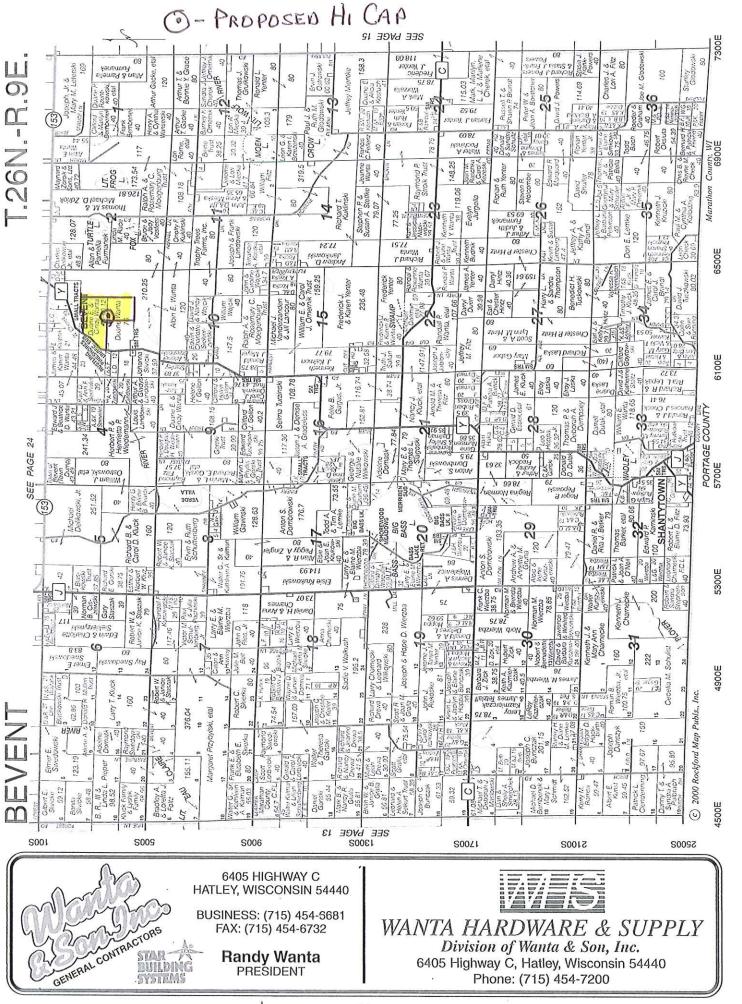
Proposed Well Information Enter the following information for all propo	sed wells on the property. If more than two wells	s or alternate construction, submit additional
sheets.	, , ,	
Well Location and Usage Well Name Assigned by Well Owner		
(North Well, etc.):		
Town/Range/Section:	NW4 SE4 83 T26NR9E	1/4 1/4 S T R
Latitude :	44° 45,770'	
Longitude:	89° 23. 792'	
Water Use Code (e.g. IR10):	IRIO	
Proposed Maximum Water Usage Per Day in Gallons:	1,080,000	
Proposed Maximum Water Usage Per Month in Gallons:	17,280,000	
Months of Operation (e.g. May - Sept):	APRIL - OCTOBER	
Proposed Pump Type & Capacity(gpm):	LINESHAFT (750)	
Discharge Type (Over Top of Casing Seal, Pitless Adapter or Unit):	OVER TOP OF CASING SEAL	
Discharge Location (Building Pressure Tank, Pond, etc.):	TO CENTER PLYOT SYSTEM	
Distance and Direction to Nearest Public Utility Well & Well Name:	N 8.5 MILES NNE TO HATLEY	
Distance to Other Potential Contaminant Sources:		
Well Construction		
Drilling Method(s) (Rotary, Percussion, Etc.):	MUD ROTARY	
Anticipated Geological Materials and Dept		
Material and Depth Interval:	CLAY, SAND from 0 'to 60 '	from 0 'to '
Material and Depth Interval:	& GRAVEL from 'to '	from 'to
Material and Depth Interval:	from 0 'to '	from 0 'to
Material and Depth Interval:	from 'to '	from 'to
Material and Depth Interval:	from 'to '	from 'to '
Material and Depth Interval:	from 0 'to '	from 0 'to '
Material and Depth Interval:	from 'to '	from 'to '
Material and Depth Interval:	from 'to '	from 'to '
Drillhole Diameter and Anticipated Dep	th Intervals:	
Diameter and Depth Interval:	20" from 0 'to 60'	from 0 'to '
Diameter and Depth Interval:	from 'to '	from 'to '
Permanent Casing or Liner Material, If	Used:	
Diameter and Wall Thickness	16 " dia 256" thick from 0 ' to 35 '	" dia" thick from 0 ' to'
Diameter and Wall Thickness	" dia " thick from ' to '	" dia " thick from ' to
Casing Material and Joints (Welded, T and C, etc.):	A53B - WELDED	
Weight at Depth Interval	42 lbs/foot 0 'to 35 '	lbs/foot 0 'to
Weight at Depth Interval	lbs/foot 'to '	lbs/foot 'to
Screen Material and Casing to Screen Joint (Welded, T and C, K Packer, etc.)	GALV. V-WIRE - WELDED	
Screen Slot Size in Inches and Depth Interval or N/A if none:	60 SLOT from 35 to 60	from 'to
Annular Space Material Including Filter		
Material and Depth Interval:	BENTONITE CUTTINGS! 0 'to 25"	/ 0 'to
	GRAVEL PACK 25' to 60'	



Non-Potable High Capacity Well Approval Request Form 3300-295 (R 5/14) Page 5 of 5

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Applicant Signature			
Name - Print JEFF HAUPT		Select One: Owner	Agent of Owner
Signature Jeff Langet	Company WELL DRILL	LING INC.	Date 6 26 2014
By signing this form, the person certifies that to the best of accurate and correct. Unsigned or incomplete applications	his or her knowledge, all info will not be approved	rmation in the ap	plication is



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